MONTHLY WORKLOAD ANALYSIS SHEET

FOR TUBERCULOSIS PROGRAM STAFF

NAME:		MONTH:					
I.	Wor	k hours per month Available work hours for the month:	Hours 0				
II.	Scheduled Time Off						
	A.	Review your schedule and determine the following for the upcoming month:					
		1 Scheduled vacation time:					
		2 Scheduled holiday time:					
		3 Scheduled education/training time:					
		4 Scheduled sick leave time:					
		Total scheduled leave time:	0				
		Total available work time for the month:	0				
III.	Plan	ned Visits Per Month					
	A.	Review your caseload and determine the number of planned visits by acuity					
		level for the upcoming month:					
		1 Total number of acuity 1 visits	0				
		2 Total number of acuity 2 visits	0				
		3 Total number of acuity 3 visits	0				
	B.	Review your caseload and determine the number of patients you plan to					
		accompany to Private Provider Visits Range is 1-3 (do not duplicate under "plan	ned				
		visits per month" or "DOT visits").					
		Chest Clinic/Private Provider visits: Number of Patients					
		Average number of hours for each clinic/provider visit (range 1-3 hours)	0				
	C.	Phone Calls x 0.5	0				
	D.	Review your caseload and determine the number of household contacts					
		needing interviews or other follow-up for the upcoming month:					
		Total # of household contacts:	0				
	E.	Review your casload and determine the number of DOT/DOPT only visits					
		this month (use average # of DOT/DOPT visits if actual # is not known):					
		Total # of DOT/DOPT visits:	0				
	F.	Average # of anticipated new cases/suspects this month:	0				
		Total visit time for the month:	0				
IV.	Collaboration Time Per Month						
	A.	Review your caseload and determine the number of patients you have on					
		DOT/DOPT.					
		Total number of patients on DOT/DOPT	0				
	B.	Collaboration time with Providers and other multidisciplinary team members					
		(Prorate if staff is off more than 1 week or works part-time (range is 15-30 hrs).					
		Total collaboration time for the month:	0				
V.	Non-household Work Site and/or Institutional Investigations						
		Review your caseload and determine the number of work site(s) and/or					
		institutional investigations that need to be done during the upcoming month:					
		1 Work sites/institutions >50:	0				
		Work sites/institutions 25-49:	0				
		Work sites/institutions 15-24:	0				
		4 Work sites/institutions <15:	0				

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			Total work site and/or institutional investigation time/month:	0
VI.	Othe			
		hom	iew your schedule and determine commitments for the month other than for ne visits or contact investigation:	
		1	Formal Classes: Scheduled time for class:	
			Preparation time	
		2	Presentations:	0
			Scheduled time for presentation	
			Preparation time:	0
		3	Clinic Time:	<u> </u>
			Scheduled clinic time	
			Setup/Cleanup time	0
		4	Number Case Conferences:	
			Case Conference Time	
			Preparation Time	0
		5	Community Time:	
			Community Meetings (groups) Community Meetings (individual)	
			Other scheduled community activities	
				0
		6	Meeting Time:	
			Scheduled time for meetings Preparation time (if applicable)	
				0
		7	Travel Time:	
		8	Total amount of travel time (range of 10-20) Number of case closures anticipated this month	0
		9	Unplanned Activity/Administration Time:	
			Total amount of unplanned activity/administration time (range is 20-30 hrs):	
			(Prorate if staff is off more than 1 week or works part-time. Total other Time:	0
			Total other Time:	0
VII.	Sumi		es of Time:	
	A.		al Visit Time:	0
	В. С.		al Collaboration Time: al Work site and/or Institutional Investigation Time:	0
	D.		al Other Time:	0
			Totals:	0
VIII.			Analysis	
	A.		ilable Work Time for the Month	0
	В.	1 ota	al Committed Time:	0

Hours available for the upcoming month:

C.